

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37366
Registrar's No. 71

FILED DEC 9 1946

Registration District No. 154

Primary Registration District No. 5575

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town RURAL - KANSAS CITY - WASHINGTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7841 PENNSYLVANIA AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 58 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON #8
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 7841 PENNSYLVANIA - KANSAS CITY
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. PARSON WINGARD STRAWBRIDGE

3. (b) If veteran, name war NO
3. (c) Social Security No. 496-09-7199A

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. ELMA R. STRAWBRIDGE 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased DECEMBER 14 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace WILLIAMSPORT PENNSYLVANIA
(City, town, or county) (State or foreign country)

10. Usual occupation TRAFFIC MANAGER

11. Industry or business McKESSON - ROBBINS

12. Name BEN F. STRAWBRIDGE

13. Birthplace UNKNOWN ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN CALVERT

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Elma R Strawbridge

(b) Address 7841 Penn

17. (a) BURIAL (b) Date thereof NOV-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEM. K.C. Mo.

18. (a) Signature of funeral director D. K. Newcomers Lane

(b) Address 1401 BRUSH CREEK BLDG KCMO.

19. (a) 11/19/46 (b) Dr. Annie W. Hodges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 16 TH
year 1946 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from 10/21 1946 to 11/16 1946
that I last saw him alive on 11/15/46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 25 days
Due to Arterio-Sclerosis 546+

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN 83A
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Frederick A. Baldwin (M. D. or other) M.D.
Address 317 Argyle Bldg Date signed 11/16/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 19 1946

1-3-00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Melvin Miller*
Licensed Embalmer No. *4407*
P. O. Address *Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.